# SMTL Dressings Datacard

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| Product Name: | **GRANUFLEX (Improved formulation)** |
| Classification Name: | **Dressing Hydrocolloid, Semipermeable** |
| Manufacturer: | **ConvaTec Ltd** |

## Description

[*** display ps-granuflex ***]

[*** linked granuflex-01 ***] Improved Formulation Granuflex consists of a thin polyurethane foam sheet bonded onto a semipermeable polyurethane film, which is impermeable to exudate and micro-organisms including the HIV virus. The surface of the dressing to be placed in contact with the wound is coated with a cross-linked adhesive mass containing a dispersion of gelatin, pectin and carboxy-methylcellulose together with other polymers and adhesives forming a fexible wafer. When the dressing comes into contact with wound exudate, the polysaccharides and other polymers absorb water and swell, forming a gel. The moist conditions produced under the dressing promote fibrinolysis, angiogenesis and wound healing, without causing maceration. The gel which is formed as a result of the absorption of wound exudate is not mobile and free running but held within the structure of the adhesive matrix. The hydroactive mechanism of the Granuflex range of dressings, whereby the adhesive seal over the wound forms a chamber that becomes filled with exudate and thus exerts a back pressure into the wound to reduce further exudate production, further adds to Granuflex’s exudate management capacity. As Improved Formulation Granuflex is waterproof, the patient may bath or shower with the dressing in position.

## Indications

Granuflex Improved Formulation may be used in the treatment of a variety of wound types including [*** linked l-ulc-venous-01 ***] leg ulcers, [*** linked p-sore-grad3-01 ***] pressure sores, [*** linked bu-su-00 ***] minor burns, [*** linked donor-site-01 ***] donor sites, (after haemostasis has been achieved), and other types of granulating wounds. If applied to wounds containing [*** linked sloughy-wound-01 ***] dry slough or necrosis , the dressing prevents the loss of water vapour from the surface of the skin, and this effectively rehydrates the dead tissue, which is then removed by autolysis.

## Contra-Indications

Known sensitivity to Improved Formulation Granuflex or its components.

## Method of use

An appropriately sized dressing is removed from its paper backing and lightly pressed into position over the wound. In order to ensure good adhesion to the surrounding skin, a minimum overlap of 2 cm from the margin of the wound should be allowed. Because Granuflex is adhesive, and will not allow exudate to pass through the backing, no additional dressings are required.

# Frequency of Change

The frequency of dressing changes will be governed by the state of the wound and the amount of exudate produced. The average wear time is four days. It is generally recommended, however, that the dressing is not left in place for longer than 7 days.

# Warnings

Colonisation of chronic wounds is common and is not a contraindication to the use of Improved Formulation Granuflex. Where systemic or local infection develops during the use of the dressing, appropriate adjunctive therapy should be initiated. The use of Improved Formulation Granuflex may be continued but the progress of the wound should be monitored carefully and all treatment should be under medical supervision. The use of Granuflex in the presence of anaerobic infection is not recommended. Inappropriate use or too frequent dressing changes may result in skin irritation or stripping.

# Presentation

Granuflex is presented individually wrapped in a peel pouch, sterilised by gamma irradiation. Granuflex Paste is available for deeper wounds.

# Sizes

10.0 cm × 10.0 cm*

15.0 cm × 15.0 cm*

20.0 cm × 20.0 cm*

15.0 cm × 20.0 cm*

30.0 cm × 30.0 cm

30 g tube of paste

*Available on Drug Tariff

# Bibliography

1. Hermans MHE, The incidence of infection under dressings: A prospective comparative trial of a hydrocolloid dressing, Duoderm CGF (Granuflex), versus conventional dressings in the treatment of leg ulcers, burns and donor sites: an interim report. *Int. Forum on Wound Microbiology, Excerpta Medica*, 1990, 35-41.

2. Burgess B, A comparative prospective randomised trial of the performance of three hydrocolloid dressings, *Professional Nurse* 1993,**8**, (7) Supplement pp3-6

3. Thomas S, The effects of dressings on exudate production from venous leg ulcers, *Wounds* 1996, **8,** (5), 145-150

## Revision Details

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| Revision Author | Dr S. Thomas |
| Revision No | 1.6 |
| Revision date | 1997/12/16 |

Please inform SMTL of any inaccuracies or changes required in this datacard.

## Disclaimer

This datacard has been prepared as an aid to contracting for purchasers in the NHS in Wales, and should not be used as a substitute for literature, instructions or training from the manufacturers of the devices.